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7590 08/19/2009 Certificate of Mailing or Transmission

MEDTRONIC VASCULAR, INC. IP LEGAL DEPARTMENT 3576 UNOCAL PLACE SANTA ROSA, CA 95403

APPLICATION NO.

Thereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kimberly Melvin (Depositor's name (Signature) November 16,2009 (Date) FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO

2382

10/714,155 11/14/2003 TRNSV-029C2 J. Christopher Flaherty TITLE OF INVENTION: TISSUE PENETRATING CATHETERS HAVING INTEGRAL IMAGING TRANSDUCERS AND THEIR METHODS OF USE

| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATEDUE |
|---|--|---|--|------------------------|------------------|------------|
| nonprovisional | YES | \$755 | \$300 | \$0 | \$1055 | 11/19/2009 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS |] | | |
| ROZANSKI | ROZANSKI, MICHAEL T 3768 600-430000 | | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | 2. For printing on the p | atent front page, list | | |
| | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a | | neys I | |
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| "Fee Address" in PTO/SB/47; Rev 03- Number is required | dication (or "Fee Address 02 or more recent) attack | " Indication form led. Use of a Customer | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | p to ie is 3 | |
| 2. ACCIONEE NAME AND DECIDENCE DATA TO BE REDITED ON THE BATENT (mint or time) | | | | | | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

Santa Rosa California USA Medtronic Vascular, Inc.

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🚨 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee Spublication Fee (No small entity discount permitted) A check is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overnayment to Denosit Account Number (2-252.5) (enclose an extra copy of this form)

Advance Order - # of Copies + 110 /2 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature WIWW LA CULLEN Date November 16,2009

Registration No. 48,151 Typed or printed name William

This collection of information is required by 3 TCFR.1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is specimed by 38 USC. 122 and 37 CFR.14. This collection is estimated to she 12 minutes to emplete, including guidenting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chefr Information Officer. U.S. Patternated, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 2231-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-1450.

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